

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E812 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 04/19/2016 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER MOUNT VERNON HEALTH CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE #5 DOCTORS PARK MOUNT VERNON, IL 62864 | | |
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| F 000 | INITIAL COMMENTS Annual Licensure and Certification Survey Validation Survey for Subpart U: Alzheimer Unit The Mount Vernon Health Care is in substantial compliance with Subpart U, 77 Illinois Administrative Code 300.7000. | F 000 | | | |
| 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 §483.12(a). 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 | 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 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 interview, observation and record review the facility failed to notify the physician for eight days, for one of one resident (R6) who was persistently scratching his neck in the sample of 18 residents reviewed for notifying the physician of changes in condition.</p> <p>Findings include:</p> <p>1. A Physician Progress note dated 03/29/16 states R6 has a diagnosis of Shingles, with a rash over the right side of his face and posterior neck. The Assessment and Plan section of the progress note states, "Shingles, continue acyclovir, restart clindamycin today for suspected secondary bacterial infection, slowly resolving Per nursing staff , will follow. Dementia stable on current medications, Insomnia family questions addressed as below." Nurses notes 04/01/16 at 0145 AM notes R6 was picking where the shingles were present and has opened skin from picking and scratching. Nurses notes dated 04/08/16 and 04/10/16 at 1500 and 1525 note staff are encouraging R6 not to scratch During an observation on 04/11/16 at 1:50 PM R6 had an area on the right side of his neck that measured approximately 3 centimeters by two centimeters oblong shape , where the skin was not intact and bright red blood was present on R6's neck, blanket and wrist. R6 was wearing clear gloves</p> | F 157 | | | |

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

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| F 157 | Continued From page 2 on both hands. R6's finger nails were soiled with dark matter. E2 (Director of Nurses) was present during this observation and said R6's wife puts the gloves on R6 because he scratches his neck. On 04/11/16 at 9:45 AM R6 was observed sitting in a wheel chair in his room with bloody drainage noted to right side of his neck. The area of non intact skin measured approximately 3 inches by 6 inches in an oblong shape with dark matter noted under R6's fingernails on both hands. R6 had been scratching his neck where the shingles rash had been for 11 days before the doctor was notified on 04/12/16 at 0842 AM | 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 | Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to invite and assist residents to their care plan meetings for 1 of 6 residents (R8) reviewed for care plan participation in the sample of 18 and 6 residents (R19 R20, R21 R22, R23 and R24) in the supplemental sample. Findings include: On 4/13/16 at 9:30 AM during the Group interview, R8, R19, R20, R21 ,R22, R23 and R24 stated that they have not been invited to their Care Plan meetings and voiced that they would like to go. On 4/13/16 at 11:15 AM, E6 (Minimum Data Set/Care Plan Coordinator/MDS/CPC) stated that she invites the resident families or guardians but not the residents because of their dementia . E6 stated she couldn't see the benefit for them to attend the meetings since they wouldn't understand what was being said regarding their care. The Care Plan Conference Participation Sheets for R8 and R19 through R24 have no residents signatures on any of the participation sheets for 2016 or 2015 Care Plan meetings. | F 280 | | | |
| F 309 SS=D | 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. | F 309 | | | |

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| F 309 | Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to assess, provide care and treatment to prevent decline and promote healing for 1 of 1 residents (R6) reviewed for Shingles and itching in the sample of 18. The findings include: 1. Admission records document R6 is 87 years old and was admitted to the facility on 10/12/15 with diagnosis including; Dementia with behaviors, Coronary Artery Disease, Behavior Psychosis Secondary to Dementia, Hypothyroid, Hyperlipidema, History of Bladder Cancer and Shingles (3/28/16). The most recent Minimum Data set from 1/19/16 does not give a BIMS (Basic Interview for Mental Status) score indicating R6 was not able to complete the interview due to Cognitive Impairment. During the initial tour of the facility, on 4/11/16 at 9:50am R6 was described by E6 (Licensed Practical Nurse) as having Dementia, Shingles, needing total care for activities of daily living (ADL) but, ambulatory. E6 further indicated R6 was being isolated at that time for Shingles. R6 was observed in bed with the covers pulled up around him. Nursing Notes for R6 document a diagnosis of Shingles on 3/27/16 at 5:30pm. The notes indicate a new order for Tylenol with codeine due to pain and Acyclovir due to Shingles. A note at | F 309 | | | |

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| F 309 | <p>Continued From page 5</p> <p>0200 states Resident up out of bed wandering, very unsteady gait refuses to stay in bed or seated.</p> <p>Medication administration records state on 3/27/16 that R6 was given Benadryl 25 milligrams (mg) by mouth every 8 hour for 48 hours. This order stopped on 3/29/16 at 1:00pm. Review of R6's medical record found no other orders for relief from discomfort and itching until 4/12/16, Claritin 10mg daily for 14 days.</p> <p>2. On 4/11/16 at 1:40pm E2 (Director of Nurses) was at the Bridges Unit nurses station. E2 indicated R6's Shingles were dry and that the remaining open areas on R6 were the result of R6 picking at the dry scabs. Observation of R6 at that time found R6 to have dry scabs from the earlobe to the collar bone and an open area from R6 scratching at the dried area. R6 had a dry dressing covering part of the area yet R6 was using a blanket to rub at the area. The blanket had bright red blood on the area R6 was using. R6 was wearing clear non-sterile gloves at that time. E2 indicated that R6's wife applied the gloves at times to keep R6 from scratching. A second observation of R6's upper torso on 4/12/16 at 9:45 AM, saw R6 had opened areas on the right side of the neck and back of the neck. The area was raw and bloody. E13 (Licensed Practical Nurse, LPN) confirmed at that time that R6 has been scratching and digging at the area as the blisters have been draining and drying. R6's fingernails were observed to have a dried dark substance on them and under the nails. R6's hands had smears of dried blood as well.</p> | F 309 | | | |

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| F 309 | Continued From page 6 3. Nursing Notes document the following from 4/1/16 to 4/12/16. 4/1/16 at 1:45am "Res appears to have been picking where shingles present as he has opened skin from picking/scratching ..." 4/2/16 at 3:55pm ...Resident has been picking scabs causing scabs to bleed. Areas OTA (open to air) 4/3/16 at 1:15pm .. Bleeding noted to some areas where shingles are present." 4/8/16 at 3:00pm.."Open sores remain to neck. Enc (encourage)resident to refrain from scratching neck and eye." 4/11/16 at 5:45pm .."Resident becomes agitated and anxious at times. Resident scratches at scabbed areas on neck." 4/12/16 at 2:15am .. "Removed dressings to neck x 2 replaced raw areas to neck r/t rubbing scratching dressings." 4. R6's current care plan documents an up-date on 3/28/16 to include using contact isolation precautions due to a Diagnosis of Shingles / cellulitis. There were no further additions to address R6's pain, itching or scratching of the drying Shingles. 5. Z1 (family) stated during an interview on 4/14/16 at 11:10 AM that R6 had been scratching | F 309 | | | |

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| F 309 | Continued From page 7 | F 309 | | | |
| F 465 | and opening the skin on the affected area and his wife had applied gloves to R6's hands. | F 465 | | | |
| SS=C | 483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure floors, walls, shower rooms, bathrooms, supply rooms and furniture were kept clean, sanitary and in good repair. This deficient practice has the potential to affect all of the 88 residents living in the facility. Findings Include: On 4/11/16 at 9:50 during the initial tour of the Bridges Unit the following were noted: In the Bridges Unit lounge area. The 2 seat blue/green sofa had rips in both seat cushions. The tan chair had 1 arm cover missing and was exposing staples. Both brown sofa's had rips in the center of each cushion. On 4/11/16 at 12:49 PM the Shower Room on the West Side had a rusted shower head attached to the shower wall. | | | | |

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| F 465 | <p>Continued From page 8</p> <p>On 4/12/16 at 3:46 PM the Bathroom across from Room 119 had a rusted floor vent.</p> <p>On 4/12/16 at 3:51 PM the Bathroom across from Room 129 had a rusted floor vent.</p> <p>On 4/12/16 at 3:52 PM a rusted floor vent was located next to the small corner of wall upon entering the Dining Room across from Room 130.</p> <p>On 4/13/16 at 11:20 AM a piece of floor/wall coving was coming apart from the wall in the kitchen on the wall next to the handwashing sink.</p> <p>On 4/13/16 at 11:49 AM there are 2 missing 4 x 4 inch tiles exposing a hole right under the grab bar in the shower room across from the Nurses Station on the Bridges Unit.</p> <p>On 4/13/16 at 11:58 AM the Bathroom across from Room 206 had a rusted floor vent underneath the toilet paper dispenser and the hand sink has a very slow drain.</p> <p>On 4/13/16 at 12:01 PM the Bathroom across from Room 205 had a hand sink that drained very slow.</p> <p>On 4/13/16 at 3:04 PM in the Bathroom in Room 223 a section of floor tiles 4 inches wide and 2 inches deep exposes a green cleanout pipe in between the bathtub and the toilet. On each side of the pipe is a build up of brown debris.</p> <p>On 4/14/16 at 10:20 AM E14, Maintenance Director stated that the hole exposing the cleanout in the bathroom in Room 223 should have a stainless steel cover over it and that he will try and locate where it went.</p> | F 465 | | | |

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| F 465 | <p>Continued From page 9</p> <p>The Resident Census and Conditions of Residents, CMS 672, dated 4/11/16 documents that the facility has 88 residents living in the facility.</p> <p>On 04/11/16 at 1:35PM, R26's wheelchair was observed to have tears on the seat and back of the chair, brown stains and white debris on the seat cushion and dried residue and debris on the metal bars. Also at this time, a dirty, cracked and torn floor mat was observed beside R26's bed.</p> <p>On 04/12/16 at 9:45AM, the Bridges storage closet was observed to have the following: -Finger nail clippers in a small plastic cup that had a black substance in the base of the cup -A plastic basket labeled "Bridges" containing personal care items including (1) stick deodorant with no resident name, (1) hair brush with gray hair in the bristles and (3) combs that had visible residue and hair in the teeth of the comb. These (3) soiled combs were lying with (3) other clean combs. -(2) gallon jugs of Shampoo and Body Wash sitting on the floor with no barrier. The jugs did not have a lid on them. At the time, E6 (Minimum Data Set Coordinator) stated resident personal care items are to be labeled in individual bags with their name.</p> | F 465 | | | |