

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

PRINTED: 06/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/28/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CISNE REHABILITATION &amp; HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>WATKINS STREET, P O BOX 370 CISNE, IL 62823</b>		
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F 000	INITIAL COMMENTS	F 000			
F 282 SS=D	<p>Annual Licensure and Certification Survey 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow a physicians order to obtain a skin scraping for 1 of 10 residents (R3) reviewed for following physician's orders in the sample of 10.</p> <p>The findings include:</p> <p>1. On 05-26-2015 at 10:00 AM, R3 was lying in bed, fully dressed and stated he had eaten his breakfast and was resting. R3 was interviewed at that time and answered questions appropriately . R3 was scratching continuously during the interview and when asked how long he was itching, R3 stated he has been itching for a very long time, probably a couple of years.</p> <p>On 05-26-2015 at 10:30 AM, E3 (Licensed Practical Nurse) stated that R3 was scratching himself when he was admitted on 05-08-2015. E3 stated that on 5-26-15 she called Z1 (Physician) about the red, raised, blister type rash on R3's legs and back and about R3 complaining about continually itching. E3 stated that Z1's nurse commented during this call that R3 has had</p>	F 282			

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 282	Continued From page 1 scabies multiple times in the past. E3 stated that on 5-26-15, Z1 gave an order for a topical cream, skin scraping, and to place R3 into Contact Isolation. On 05-28-2015 at 10:30 AM, E3 stated that she didn't do the skin scraping on R3 because she didn't know how to do it and she told E4 (Registered Nurse) that she needed to get the skin scraping on R3. On 05-28-2015 at 11:00 AM, E2 (Director of Nursing) stated that she contacted Z1 to see if the Physician's order for the skin scraping on R3 could be discontinued since R3 has a history of having scabies. E2 stated she was waiting on a return phone call from Z1 regarding the telephone order to get the skin scraping.  R3's Physician's Order sheet dated 05-26-2015 documents, Skin scrape testing, Contact Isolation Precautions, Permethrin topical cream. Apply from neck down, leave on 14 hours, then shower. Repeat in one week. R3's Nurses Notes dated 05-26-2015, 05-27-2015 and 05-28-2015 have no documentation that the skin scraping for R3 was done.	F 282			
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE  Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.	F 325			

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F 325	Continued From page 2  This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to follow-up and implement a recommended nutritional supplement for 1 of 4 residents (R7) reviewed for weight and nutritional issues in the sample 10.  The findings include:  1. R7's admission and medical record documents an original admission date of 11/27/12 with numerous diagnoses including: Diabetes type II and Gastric Esophageal Reflux Disease. R7's monthly weight and vital statistics record a 211 pound weight in January 2015, 200 lb February 2015, 201 lb March 2015, 201 lb April 2015 and 183 lb May 2015. A dietary quarterly assessment of 2/23/15 comments "Confused a lot needs verbal cues to continue eating". The current Treatment Record for R7 states daily weights were recorded beginning 5/18/15. The weights start with 188 lb and the last weight recorded for 5/27/15 is 182 lb.  R7 was observed at the noon meal on 5/26/15 in the dining room. R7 was being assisted by Z2 (daughter) at the time of the observation. Z2 stated that R7 was very drowsy and was not eating well at that time. No dietary supplements were observed on the table where R7 was seated at that time.  A Physician Notification of Weight Change form dated 4/22/15 states the physician was notified of the weight change and the recommendations for the physicians review stated "Sugar Free Med	F 325			

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F 325	Continued From page 3 Pass 90 cc tid (three times a day) Weekly weight and continue to monitor intake - only eating 25 - 50% mostly 25% or less. No further information was recorded regarding this recommendation in R7's record. E2 (Director of Nursing) was questioned on 5/27/15 regarding the recommendation from 4/22/15. E2 stated at 3:15pm on 5/27/15 that the recommendation did not have a response from R7's doctor and that she would call to check. Notation to the recommendation dated 5/27/15 stated an order was received for Med Pass 2.0. E2 stated on 5/28/15 at approximately 9:30am that there had been a technical error with this form being faxed back to the facility from the clinic.	F 325			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to maintain all equipment and surfaces well maintained and in sanitary condition to prevent potential contamination. This has the potential to affect all 31 residents in the facility.  The findings include:	F 371			

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F 371	<p>Continued From page 4</p> <p>The facility's Resident Census and Conditions of Residents form, dated, 5/26/15 documented the facility had a census of 31 residents.</p> <p>1. Initial review of the dietary preparation area on 5/26/15 at 9:20am found the following conditions:</p> <p>The front and sides of the ice machine had a heavy build-up of minerals on the sides and lid of the machine.</p> <p>The lid to the chest freezer next to the dishwashing area was in poor condition. The inside of the lid was loose and the insulation inside was exposed and in poor condition.</p> <p>The wood around the window Air Conditioning Unit was raw and unsealed.</p> <p>The floor under the entire dishwashing machine was in poor condition with broken and missing pieces. This area could not be effectively cleaned.</p> <p>The plastic mat and the cover to the grease trap on the floor in front of the dishwashing machine was soiled and the cover rusty.</p> <p>The blue plastic units of the water softener under the dishwashing machine were very soiled with food debris.</p> <p>The outside of the large plastic trash cans were very soiled with food debris.</p> <p>The outside of the cookie oven and the toasters on the counter were sticky and very soiled.</p>	F 371			

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F 371	Continued From page 5 One well of the steam table was not working and was not usable.	F 371		