STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146131	A. BUILDING _____ B. WING _____	06/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CISNE REHABILITATION & HEALTH CENTER	**WATKINS STREET, P O BOX 370 CISNE, IL 62823**

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F 000	INITIAL COMMENTS	F 000		
F 280 SS=E	Annual Licensure and Certification Survey 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. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to review and revise care plans for providing comfort care for 4 of 10 residents (R2, R3, R9, R10) reviewed for care plans in the sample of 10. The findings include:	F 280		

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 280	Continued From page 1 1. Residents R2, R3 and R9 were identified as receiving "comfort care " by E2 (Director of Nurses) on 6/7/16 at approximately 11:00am. R10's closed medical record physician's orders for March 2016, documented R10 had a "comfort care" order since 11/3/14. Review of the most recent care plans for R2, R3, R9 and R10 fail to address the order for, approaches and interventions related to "comfort care" as provided by the facility. E3 (Registered Nurse) stated on 6/9/16 at 12:50pm that comfort care was not included in the care plans but that some of the care plans included a Comfort Care Disclosure.	F 280		
F 329 SS=E	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	F 329		

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F 329	Continued From page 2	F 329		

This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the facility failed to ensure adequate monitoring, specific and appropriate interventions and diagnosis for use of anti-psychotic medications for 3 of 3 residents (R3, R4, and R7) reviewed for antipsychotic medication use in the sample of 10.

The findings include:

1. A Gradual Dose Reduction Tracking Report dated May 13, 2016 identifies:

R3 is prescribed 1000 milligrams (mg) of Depakote at bedtime each day
R4 is prescribed Risperidone 1mg twice each day
R7's current June physician's orders prescribed 0.5 mg of Risperidone twice each day.

Behavior Monitoring Records were observed placed at the nurse's station to record target behaviors for each month for R3, R4, and R7. The form allows staff selection of preprinted behavior interventions A to H.
A =Medication given
B = Reduce Stimuli
C = Allow venting of Feelings/Concerns
D = 1:1 monitoring
E = Reposition
F = Orient to Reality of Situation
G = Redirect to Other Areas
H = Remove from Situation

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F 329	Continued From page 3 None of the tracking sheets have interventions specific to the resident or the specific behavior. E8 (Social Service Designee) stated on 6/8/16 at 1:20pm that she is responsible for the behavior tracking and does not formulate any specific interventions for the residents with behaviors. E8 also indicated that none of the interventions are crossed out or stopped even if the intervention does not apply to the residents behaviors or fails to work to reduce or change the targeted behavior. Review of R3's March, April and May behavior tracking documented R3's target behavior as physical aggression with staff during Activities of Daily Living (ADLs). R3's only recorded March behaviors on 3/12, 3/14 3/18, 3/22 and 3/25 denote R3 throwing food and refusal to eat. April behaviors include throwing food and verbal and physical aggression with staff on 4/1, 4/5, 4/16, 4/18, 4/19, 4/20, 4/24, 4/27 and 4/29. May behaviors include throwing food on 5/5, 5/9 and 5/10. The interventions used for R3's behaviors during these times include: B, C, D, E, F, G and H. R3's current Minimum Data Set of 5/4/16 documents a score of 1 for the Basic Interview for Mental Status (BIMS) indicating severe cognitive impairment. Review of R3's outcomes with the use of the above interventions was all of the behaviors were unchanged except one. 2. The June, 2016 Physician's Orders state R4 was admitted to the facility on 04/15/16 with a diagnosis of Alzheimer's Dementia with Behaviors and Agitation. The records state R4 is on Risperdal 1mg orally two times a day. The 04/19/16 Care Plan states R4 has behaviors of	F 329		

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F 329	Continued From page 4	F 329		

resisting care, wandering and physical aggression. The April, 2016 Behavior Monitoring Record states R4 had one episode on 04/24/16 from 1500-1600 where she "keep hollering for her daughter" and repeated "bring me my dress" over and over. The Intervention Attempted was documented as, "Allow Venting of Feelings/Concerns" and Orient to Reality of Situation." On 06/06/16 - 06/09/16, R4 was observed sitting at a table alone in the dining room during the noon meal service. E2 (Director of Nurses) stated on 06/08/16 at 1:30PM, R4 upsets other residents by moving away their dishes and eating their food. There are no records found for this behavior. The Social Service Progress Notes dated March, 2016 state, R4 "had several episodes of combativeness towards staff during her ADL's, le (example); slapping, hitting, kicking clawing. SSD (Social Service Director) will continue to monitor resident." This document also states R4 had a "couple" episodes of cursing at staff while being assisted with ADL's. The Behavior Monitoring Record only documents 3 episodes were tracked in the month of March. The interventions are not individualized for R4. The 04/12/16 Minimum Data Set states R4 was unable to complete The Brief Interview for Mental Status which indicates she is severely congitively impaired.

3. The June, 2016 Physician's Orders state R7 was admitted to the facility on 05/11/16 with a diagnosis of Cerebral Vascular Accident, Dysphasia and Anxiety. R7 was admitted on Risperdal 0.5mg one orally two times a day. There is no diagnosis documented for Risperdal. E2 stated on 06/09/16 at 2:00PM, she is trying to get a diagnosis for this medication. The May, 2016 Behavior Monitoring Record states R7 had

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F 329	Continued From page 5 no behavior episodes the month of May. The document does not have a "Target Behavior" listed or individualized interventions.	F 329		
F 441 SS=F	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 prevent the spread of infection, the facility must isolate the resident. (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. (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. (c) Linens Personnel must handle, store, process and	F 441		

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F 441	Continued From page 6 transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to properly disinfect blood glucose meters, utilize proper hand washing technique and prevent cross contamination during a dressing change. This has the potential to affect all 28 residents in the facility. Findings include: The Resident Census and Conditions of Residents dated 06/06/16 states there are 28 residents in the facility. E4 (Licensed Practical Nurse) was observed on 06/07/16 at 12:50PM performing a dressing change on R2. E4 removed a gauze dressing from the right lower extremity by cutting it off with scissors. E4 sat the scissors down on the bedside table without using a barrier. E4 was then observed to place a towel under R2's right lower leg. E4 sprayed each open area with TheraWorx and applied a Xeroform dressing over 4 open areas. E4 then wrapped the right leg with a gauze dressing by placing R2's foot on her own left leg and lower abdomen to support it up. During this observation, E4's keys were observed in her pocket with the lanyard hanging down touching R2's wrapped right foot and the towel placed below the right leg. E2 (Director of Nurses) picked up the scissors after the dressing change and carried them to the nurse's station and sat them	F 441		

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F 441	Continued From page 7	F 441		

down on the counter. E2 stated on 06/09/16 at 9:45AM, E4 should not have rested R2's foot on her leg and added she was not aware the scissors had been used to remove the dressing. The scissors were not observed to be cleaned before leaving R2's room.

Findings include:

1. On 6/7/16 at 11:20 AM, E4, (Licensed Practical Nurse), performed a blood glucose test on R19. E4 held the device in her hand during the encounter with R19 and stated, "I've always been told not to set it down in the resident's room." After returning to the medication cart, E4 placed the used blood glucose meter device on top of the medication cart without a barrier and removed a germicidal disposable wipe from the drawer of the medication cart. E4 said that after she uses the meter, she wipes it down with the germicidal cloth. E4 wiped the meter for less than 10 seconds, discarded the cloth, then placed the meter back into the drawer of the medication cart. At 11:25 AM on 6/7/16, E4 removed the same blood glucose meter from the drawer and used it for R6. Following the procedure, E4 again placed the used meter on top of the medication cart without a barrier, wiped it for less than 10 seconds with the germicidal wipe, discarded the wipe and returned the device to the drawer. At 11:30 AM on 6/7/16, E4 used the same device and performed a blood glucose test on R11, wiped the device with a germicidal wipe for less than 10 seconds and returned the device to the drawer with a moist germicidal cloth wrapped around the the meter. At 11:40 AM on 6/7/16, E4 used the same meter again with R2, wiped it with a germicidal cloth for less than 10 seconds and placed it into the medication cart drawer. At this

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F 441	Continued From page 8 time, E4 was unaware of the contact time required for proper cleaning of the meter according to the product's directions for use. The facility's germicidal disposable wipe product cleaning procedure reads that all blood and body fluids must be thoroughly cleaned from surfaces and objects before disinfection by the germicidal wipe. Use first germicidal wipe to remove heavy soil. The product label reads that a 4 minute contact time is sufficient to kill all organisms listed on the label. The facility policy for Cleaning And Disinfecting Of Glucometer, dated 6/9/10, does not specify a contact time for the germicidal disposable wipes use and does not refer to product directions for effective use. 2. On 6/7/16, E4, was observed to administer medications to 17 residents between 10:05 AM and 12:40 PM. During this time, E4 was not observed to wash her hands or to use a hand sanitizing agent between residents. On 6/8/16 at 10:00 AM, E4 said that she doesn't wash her hands or use hand sanitizer between each resident if she is just administering medications. E4 was observed touching various residents on the shoulder, back, and face areas during the medication administration process on 6/7/16 from 10:05 AM through 12:40 PM. The MedicationAdministrationPolicy, revised 7/3/13, page 2, #12 reads: Appropriate hand washing or use of an alcohol based gel must be performed throughout the medication pass. It further reads; Handwashing between every resident is not required according to CDC, (Centers for Disease Control), guidelines. It is acceptable to use an antiseptic gel type solution between residents.	F 441		
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABL	F 465		

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F 465	Continued From page 9 E 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, record review and interview, the facility failed to maintain resident equipment and building furnishing clean and in good repair. This has the potential to affect all 28 residents in the facility The findings include: The facility's Resident Census and Conditions of Residents form, dated 6/6/16, documented the facility had a census of 28 residents. 1. The hydration cart was observed on 6/6/16 at 10:15am to have a blue plastic tub on the second shelf of the cart. The blue tub was empty yet had a pink substance on the bottom and the sides and several black areas in the corners. The plastic flip top scoop holder attached to the cart had rust around the bolt that connected the holder to the cart. E7 (Registered Nurse) identified the blue tub was used for left over water from the residents water pitchers. 2. On 6/6/16 at 10:10am in the clean linen room a 3 foot by 2 foot area of plaster was observed to be bubbling on the ceiling over the linen storage. 3. On 6/7/16 at 10:15am the Nurse's station laminate top was observed to be in disrepair. The top is very thin in areas and has pieces	F 465		

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F 465	Continued From page 10 missing. The edge and ends of the top form sharp edges and the corner was wood and rounded but had exposed edges. 4. On 6/7/16 at 10:17am the Medication room ceiling was observed to have a 12 inch by 12 inch vent covered with black tape and the area around the vent had peeling and bubbling paint. 5. On 6/7/16 at 1:00pm the walls behind the washer, handsink and dryer in the laundry room were observed to be peeling, pulling away from the frame and missing in some areas. The area was approximately 3 feet from the floor traveling up the wall. The areas could not be cleaned or disinfected properly in the area of the soiled laundry storage. 6. On 6/7/16 at 10:15am the wheelchairs for R21 and R15 were in the main hall and were observed to be very soiled. R15's chair cushion was with sheep skin that was soiled with a dry brown substance. 7. On 06/07/16 at 8:52AM, R4 and R18's wheelchairs were observed to be dirty with dried debris on the brakes and metal bars. On 06/07/16 at 9:10AM, R5's metal bed frame was observed to be rusted.	F 465		