

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

PRINTED: 04/20/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145452</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HEALTH-DWIGHT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 EAST MAZON AVENUE DWIGHT, IL 60420</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 156 SS=C	<p>Annual Licensure and Certification Survey</p> <p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p>	F 156			

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 156	<p>Continued From page 1</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written</p>	F 156			

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F 156	<p>Continued From page 2</p> <p>information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to post information instructing residents that they may file a complaint with the State survey and certification agency concerning Abuse, Neglect, and Misappropriation of Resident Property. This failure has the potential to affect all 85 residents in the facility.</p> <p>Findings include:</p> <p>On 4/12/16 at 3:00 PM, during a tour of the facility, no information was posted instructing residents they may file a complaint with the State survey and certification agency concerning Abuse, Neglect, or Misappropriation of Resident Property.</p> <p>On 4/12/16 at 3:00 PM, E1 (Administrator) verified that the facility did not have any information posted informing that residents may file such complaints with the State survey and certification agency concerning Abuse, Neglect, or Misappropriation of Resident Property.</p> <p>A facility Resident Census and Conditions report dated 4/12/16 and signed by E9 (Care Plan Coordinator) documents that at the time of the survey 85 residents were residing in the facility.</p>	F 156			
F 225	483.13(c)(1)(ii)-(iii), (c)(2) - (4)	F 225			

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F 225 SS=D	<p>Continued From page 3</p> <p>INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	F 225			

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F 225	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to report an injury of unknown source to the State survey and certification agency and complete a thorough investigation of an injury of unknown source for one (R18) of five residents reviewed for abuse in the sample of 17.</p> <p>Findings include:</p> <p>The Physician Order Sheet dated 4/2016 documents the following diagnoses for R18: Hemiplegia and Hemiparesis following Unspecified Cerebrovascular Disease Affecting Left Dominant Side, Chronic Kidney Disease Stage IV (four) Severe, Anemia, Muscle Weakness, Muscle Wasting and Atrophy, Unspecified Glaucoma, Unspecified Macular Degeneration and Major Depression.</p> <p>The Minimum Data Set dated (MDS) 1/6/16 documents that R18 has no cognitive impairment and exhibits no physical behaviors towards others or behaviors of rejection of care. The same MDS documents R18 requires extensive assistance with bed mobility and has bilateral impairment of both lower extremities and one upper extremity.</p> <p>On 4/13/16 at 1:00 pm R18 stated " I was handled rough in October (2015). A night nurses aide (E13) came in that night to clean me up. I was wet with my back turned away from (E13). She (E13) grabbed my right arm and tore it up pretty bad with her (E13) fingernails when she (E13) turned me over. My (spouse) (Z1) talked to the Administrator (E1).... (E13) can't care for me now."</p>	F 225			

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F 225	<p>Continued From page 5</p> <p>On 4/13/16 at 1:55 pm E1, stated that she was aware of R18's October 2015 skin tears and would get the "Incident Report." (no incident report was found)</p> <p>A facility "Occurrence Report for (town)" and dated 10/2015 documents no incidents of skin tears or behaviors for R18.</p> <p>R18's Nursing Notes dated 10/6/15 documents a skin tear which measured 3.0 centimeter (cm) by .01 cm to R18's right upper extremity. "Wound Care Plan - Treatment Plan" confirms the information.</p> <p>R18's Nursing Note dated 10/14/15 documents a skin tear which measured 1.0 cm by .01 cm to R18's anterior forearm. "Wound Care Plan - Treatment Plan" confirms the information.</p> <p>R18's Nursing Note dated 10/27/15 documents the following "(E13), (Certified Nursing Assistant) CNA notified (E18 Registered Nurse) RN that resident (R18) was hitting (E13) during care and received a skin tear to right forearm. Steri - strips applied to right distal forearm skin tear that measured 2.5 cm (no width documented). Right proximal forearm could not be steri - stripped. It (skin tear) measured 6.5 cm by 1.5 cm. Hydrogel gauze and non - bordered foam dressing wrapped with (gauze wrap)..." The two new skin tears "Wound Care Plan - Treatment Plan" confirms the two new skin tears.</p> <p>R18's Behavior Tracking Record dated October 2015, does not document any physical resistive behaviors.</p>	F 225			

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F 225	<p>Continued From page 6</p> <p>R18's Plan of Care revised 9/24/15 documents to monitor R18 for mood and behaviors and redirect from inappropriate behaviors. The same plan of care documents R18 is at risk for skin impairment.</p> <p>On 4/14/16 at 1:10 pm E1 stated the following: "When I talked to the resident ( R18) , I determined that I would take (E13) off that hall in providing care. I confirmed this change with (R18's) (spouse)(Z1). (R18) was uneasy with (E13) providing care. (Z1) agreed. (R18, Z1, and E13 were interviewed) No other employees or residents were interviewed. I felt it was an accident with no intent to harm. I do not feel (R18) was intentionally injured. We aren't sure how it (skin tears) we suspect (R18) combative behaviors....I did not send a report to (State Agency) maybe I should have..."</p> <p>The facility "Abuse Risk" policy dated 10/2007 documents the following: "All residents admitted to the facility are considered at risk for abuse due to the nature of their physical and/or cognitive disability, potential loss of autonomy and the nature of congregate living. Individual occurrences will be investigated. and actions taken based on the facility's abuse prohibition policy and procedures."</p> <p>The facility's "Abuse Prohibition Policy and Procedure" dated 4/23/14 documents the following: "Reporting, if an incident involves alleged abuse, neglect, or and injury of unknown origin, the incident will be immediately reported to the Administrator and the Administrator shall provide the (State Agency) with initial notice of the alleged abuse, neglect or incident of unknown origin.... Investigating, after the initial report of</p>	F 225			

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F 225	Continued From page 7 suspected abuse or neglect is sent to the (State Agency), the Administrator or designee shall investigate all alleged incidents of abuse or neglect. The investigation shall include, if possible: Interviews with all parties and potential witnesses....Signed statements from those persons who saw or heard information pertinent to the incident. Statements should be taken from the suspect, the person making the accusations, the resident abused, neglected, other staff or residents who may have witnessed the incident and any person that may have information related to the incident....The Administrator will keep copies of all notes of all interviews conducted by the administrator or other facility interviewer in the course of the investigation."	F 225			
F 226 SS=C	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to educate staff on when and how to report a reasonable suspicion of a crime to law enforcement. This failure has the potential to affect all 85 residents in the facility.  Findings include:  The facility's Abuse Prohibition Policy, dated 4/23/14, documents all employees will be oriented	F 226			



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F 226	Continued From page 8 upon hire and have ongoing in-services concerning the facility's Abuse Prohibition Policy. The policy documents under the section, "Elder Justice Act", "If you have reasonable suspicion that a crime has occurred against a resident or person receiving care at this facility, Federal law requires that you report your suspicion directly to both law enforcement and the state survey agency".  On 4/12/16 at 3:00 PM, E1 (Administrator) stated she does not educate staff on reporting a reasonable suspicion of crime to law enforcement. E1 stated she instructs her staff to report to her and she makes the determination on whether or not law enforcement should be called.  On 4/14/16 between 2:30 PM and 2:40 PM, E11 (Certified Nursing Assistant CNA), E16 CNA, and E17 CNA each stated they were not aware that Federal law required them to report a reasonable suspicion of a crime to law enforcement.  A facility Resident Census and Conditions report dated 4/12/16 and signed by E9 (Care Plan Coordinator) documents that at the time of the survey 85 residents were residing in the facility.	F 226			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract	F 315			

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F 315	<p>Continued From page 9</p> <p>infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that staff performed hand hygiene and complete incontinence care for three (R3, R6 and R12) of six residents reviewed for incontinence care on the sample of 17.</p> <p>Findings include:</p> <p>The facility's "Glove Use" policy dated 3/1/10 documents the following: " Wash hands after removing gloves. Gloves do not replace hand washing."</p> <p>The facility's "Incontinent Care Male and Female" policy dated 8/27/12 documents the following: "Objective 1. To cleanse the perineum. 2. To prevent infection and odors. 3. To prevent injury to integrity of skin." The same policy documents ".....complete hand hygiene and apply gloves... cleanse area well with soap and water or perineal cleaner.....remove gloves and complete hand hygiene.....repeat above procedure when cleaning rectal area."</p> <p>1. R3's Physician Order Sheet (POS) dated April 2016, documents the following diagnoses: Diverticulitis of the Large Intestine, Unspecified Urinary Incontinence, Diabetes Mellitus (frequent urination) and Dementia.</p> <p>R3's Minimum Data Set (MDS) dated 12/30/15</p>	F 315			

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F 315	<p>Continued From page 10</p> <p>documents the following: R3 has moderate cognitive impairment. The same MDS documents R3 requires extensive staff assistance with incontinence care and R3 is frequently incontinent of bowel and bladder.</p> <p>R3's Care Plan dated 4/4/16 documents the following: "(R3) will maintain social continence as evidenced by being clean, dry and odor free....Provide pericare after each incontinent episode." The same plan of care documents R3 is at risk for skin breakdown with a history of pressure ulcers related to incontinence.</p> <p>R3's Urine Culture Laboratory Report dated 7/31/15 documents the following results: Escherichia Coli, greater than 100,000 colony forming units (viable bacteria) per milliliter.</p> <p>On 4-13-16 at 12:40 pm, E3, Certified Nursing Assistant (CNA), cleansed R3's anterior perineal area after E3 removed an incontinence brief with a large amount of dark brown, loose feces. R3 stood at the safety bar across from the toilet. E3 swiped R3's anterior perineal area and posterior buttocks crease with one front to back motion. R3 began to expel copious amounts of loose brown feces during this swipe. R3's bowel movement splattered the wall under her and the safety bar that R3 was holding on to. E3 assisted R3 backwards to the toilet as R3 continued to expel explosive, watery, dark brown feces. Dried feces was noted on R3's low back as R3 was lowered to the toilet seat. There was copious amounts of wet stool on R3's upper inner thighs, the floor in front of the toilet, the toilet seat and garbage can as R3 was assisted to a seated position. E3 removed visibly feces soiled gloves and did not wash her hands or use hand sanitizer. E3 put on</p>	F 315			

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F 315	<p>Continued From page 11</p> <p>new gloves. E3 and E5, CNA cleaned up the feces on the floor while R3 remained seated on the toilet. E3 changed her visibly soiled gloves, put on new gloves and assisted R3 to a standing position. E3 cleaned R3's buttocks crease, rectum and upper inner thighs. E3 applied a clean incontinence brief and pants. E3 did not repeat anterior perineal care. E3 removed E3's gloves and did not wash E3's hands or use hand sanitizer. E3 put on new gloves and assisted R3 by wheel chair to her bed.</p> <p>On 4/13/16 at 12:59 pm E3 stated "I did the best I could (with incontinence care) you saw how much BM (bowel movement) there was. I didn't use hand sanitizer or wash my hands because I put on new gloves, I thought that was enough."</p> <p>2. R6's POS dated April 2016, documents the following diagnoses : Adult Failure to Thrive and Alzheimer's Dementia.</p> <p>R6's MDS dated 2/19/16 documents the following: R6 is incontinent bladder.</p> <p>R6's Care Plan dated 1/26/16 documents the following: "(R6) Has urinary incontinence with a history of ESBL (Extended Spectrum Beta-Lactamase) (bacteria) in urine/ UTI (urinary tract infection)... Provide incontinence care after each incontinence episode." The same plan of care documents "(R6) is at risk for skin breakdown related to incontinence of urine."</p> <p>R6's Urine Culture Laboratory Report dated 6/17/15 documents the following results: Escherichia Coli, greater than 100,000 colony forming units (viable bacteria) per milliliter.</p>	F 315			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145452</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HEALTH-DWIGHT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>300 EAST MAZON AVENUE DWIGHT, IL 60420</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 315	<p>Continued From page 12</p> <p>On 4-12-16 at 1:55 pm, E5, CNA, cleansed R6's anterior perineal area after E11, CNA removed the wet incontinence brief. E5 did not perform posterior perineal care. E11 then assisted R6 to redress applying a clean incontinence brief, sweat pants, socks and shoes.</p> <p>On 4/12/16 at 2:05 pm E5 stated "Yes I am done with (R6's) pericare. Normally I would do (R6's) back pericare if she was saturated in urine. (R6) was only incontinent a small amount, so I didn't clean her backside."</p> <p>3. E15, CNA, was performing incontinence care on R12 at 9:45 AM on 4/13/16. E15 cleaned the front perineal area with no rinse peri wash and stated she was done in performing incontinence care for R12. E15 then placed a new disposable brief onto R12. E15 did not clean the anal area at all.</p> <p>E15 stated at 9:52 AM on 4/13/16 "(R12) was not wet on her back side I did not need to clean the back area."</p>	F 315			