STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145760	A. BUILDING _____ B. WING _____	09/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-ROBINSON	600 EAST ROBINWOOD DRIVE ROBINSON, IL 62454

(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 282 SS=D	Annual Licensure and Certification 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow the Physician's Orders for 2 of 15 residents (R3 and R5) reviewed for compliance with following physician's orders in the sample of 15. The findings include: 1. On 09-14-2015 at 2:00 PM, E11 (Licensed Practical Nurse) stated that R5's Thyroid Stimulating Hormone/TSH level was drawn on 09-04-2015 and it was high. E11 stated that she called Z1 (Physician) and reported the elevated TSH level and E11 also stated that she faxed the lab report to Z1's office, but he did not respond. E11 also stated that E7 (Registered Nurse) held R5's Synthroid as a nursing measure and did not get an order from Z1 to hold the medication. R5's Medication Administration Record dated 09-01-2015 through 09-30-2015 documents that on Saturday, 09-05-2015 and Sunday, 09-06-2015, R5's Synthroid 100 micrograms was not administered by E7 because R5 had an elevated TSH. There is no documentation in R5's	F 282		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 282	Continued From page 1 electronic medical record on 09-05-2015 or 09-06-2015 that Z1 was notified and no order was given to hold R5's Synthroid. 2. The Admission Record dated 09/26/14 states R3 has a diagnosis of Diabetes Mellitus Type II. The September 2015 Physician's Orders state the blood sugars are to be checked four times a day. The Care Plan dated 09/11/15 states blood sugar readings below 40 or above 350 are to be reported to the physician. Review of the "AccuChek Result" log dated August - September 15, 2015 documents 32 bloods sugars above 350. Of these 32 readings, only one was reported to the physician. E1 (Administrator) stated on 09/17/15 at 9:00AM, the blood sugars above 350 should have been reported to the physician.	F 282		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, record review, the facility failed to provide daily grooming for 2 of 13 residents (R2 and R5) reviewed for grooming in the sample of 15. The findings include: On 09-14-2015 at 12:45 PM, R5 was lying in her low bed. R5's fingernails were long and had a	F 312		

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F 312	Continued From page 2 dark brown substance underneath all of her fingernails, and her hair was not combed and very messy. On 09-15-2015 at 9:00 AM, R5's fingernails were still dirty and hair was uncombed. At 9:45 AM, R2's face was not shaved and his fingernails were long and had a brown substance underneath his fingernails and R2's fingernails were still dirty on 09-16-2015. R5's Minimum Data Set dated 06-29-2015 under Section G: Hygiene, documents that R5 is totally dependent of one person assist for grooming. R2's Minimum Data Set dated 08-22-2015 under Section G: Hygiene, documents that R2 is totally dependent of one person assist for grooming.	F 312		
F 425 SS=F	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.	F 425		

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This REQUIREMENT is not met as evidenced by:
Based on interview, observation, and record review the facility failed to dispose of expired stock medications, keep medication carts free of loose medications, and ensure refrigerator temperatures are monitored. This has the potential to affect all of the 65 residents living in the facility.

Findings Include:

1. On 9/16/15 at 10:30 AM there was an open jar of peach salsa in the West Medication Room Refrigerator. There is no name on the jar and no open date. On 9/16/15 on 10:40 AM E1 (Administrator) stated the salsa is not for the residents.

2. On 9/16/15 at 10:45 AM the following was found in the West Medication Room: 14 - 10 milliliter vials of 0.9% Sodium Chloride for injections expiration date July 2015, 1 - 20 milliliter 1 % Lidocaine was found open and not dated, and 4 - Blood Culture Vials expiration date August 2015.

3. On 9/16/15 at 11:00 AM, in the West Medication Cart, top drawer, was a pair of toe nail clippers covered with white particles and stored with B12 injectable vials.

4. On 9/16/15 at 11:05 AM, in the West Medication Cart, there was a total of 9 loose pills in the bottom of the 2nd, 3rd, and 4th drawer.

5. On 9/16/15 at 11:15 AM, in the East Medication

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F 425	Continued From page 4 Cart, top drawer, is a bottle of Naproxen 220 milligrams, expiration date August 2015. 6. On 9/16/15 at 11:20 AM, there was no thermometer in the East Medication Room refrigerator. E10 (Registered Nurse) stated the refrigerator should always have a thermometer. 7. The Resident Census and Condition of Residents, dated 9/14/15, documents the facility has a census 65 residents.	F 425		
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	F 441		

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F 441	Continued From page 5 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 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 prevent cross contamination while performing medication administration and wound care. This has the potential to affect all 65 residents in the facility. Findings include: The Resident Census and Conditions of Residents form dated 09/14/15 states there are 65 residents in the facility. On 09/15/15 at 12:00N, E 11 (Licensed Practical Nurse-LPN) was observed administering insulin to R 3 without wearing gloves. On 09/15/15 at 12:25 PM, E11 was observed administering medications to R17. After this administration, E11 stated she washes her hands after every 2-3 residents. E11 then prepared medications for R18 and entered his room. E11 picked up a glass sitting on the over the bedside table and handed it to R18 and then placed it back on the table. An aerosol spray was	F 441		

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F 441	Continued From page 6	F 441		

observed on the table at this time and R18 stated the staff use it after burping his colostomy bag or when they change it. E11 took the aerosol spray out of the room and gave it to the housekeeping staff in the hallway. After this, E11 went back to the medication cart and prepared medications for R19. E11 entered R19's room and sat a bottle of Artificial Tears and Atrovent Nasal Spray on the bedside table without using a barrier. E11 then put on a pair of gloves and placed the Atrovent Nasal Spray tip inside R19's left and right nare and administered two sprays. E11 then sat the Atrovent on the table and removed her gloves. E11 then picked up the Artificial Tears and removed the lid and sat it on the table. Without wearing gloves, E11 administered two drops of the Artificial Tears into R19's eyes. The medication ran down R19's cheeks and E11 wiped it away with a tissue and sat the medication down on the table. No barrier was used during this observation. E11 then picked up a medication cup containing Reglan 5 milligrams (mg) and handed it to R19. E11 then left the room and sat the Atrovent and the Artificial Tears on top of the medication cart without using a barrier. E11 stated the lid to the Atrovent was missing and that she couldn't find it. E11 then placed the Atrovent back in the medication cart with other medication bottles with the nasal tip exposed and touching the other medications. E11 proceeded to pour (1) Tylenol 500mg from a stock bottle that was in the cart and took it into R19's room and administered the medication. E11 left the room and went to the medication cart and got Artificial Tears for R20. E11 entered R20's room and sat the medication on the bedside table and put on a pair of gloves. E11 then placed the lid of the medication on the bedside table and administered one drop into each eye. E11 wiped the medication from R20's

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F 441	Continued From page 7 cheeks and then removed her gloves and returned to the medication cart and placed the Artificial Tears back in the cart. E11 was not observed to use a barrier during this observation. E11 then prepared oral medications for R21 and entered her room. E11 administered the medications to R21 and then washed her hands with soap and water in R21's room. E11 was not observed to cleanse her hands with any agent until after administering the medications to R21. On 09/17/15 at 9:30 AM, E11 stated she works the North and West Halls, but does cover for the other nurse in the building on the East Hall during lunch. On 09/16/15 at 10:00 AM E11 was observed performing a dressing change on R3. After performing the care E11 went to the medication room and cleaned her scissors with alcohol wipes. On 09/17/15 at 9:00 AM, E1 (Administrator) stated E11 should not have placed the Atrovent Nasal Spray into the medication Cart without the nasal tip covered, should have cleaned the scissors with Dispatch not alcohol, should have worn gloves when administering insulin and eye drops and washed her hands according to the Facility policy. The Facility's 1/11/10 Medication Administration policy states, " Procedure: 2. Wash hands according to the policy. Wash prior to med pass, after administering eye preparations and after removing gloves and when hands become soiled."	F 441		
F 465	483.70(h)	F 465		

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F 465 SS=C	Continued From page 8 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, record review and interview the facility failed to maintain resident equipment in a sanitary manner. This has the potential to affect all 65 residents living in the facility. The findings include: The facility ' s Resident Census and Conditions of Residents form, dated 9/14/15 documented the facility had a census of 65. On 9/16/15 at 12:00pm the following was observed in the dining room; 1. The metal bars located under the seat, near the bottom of R22 ' s wheelchair were soiled with a dried brown substance. 2. The metal bars located under the seat, near the bottom of R23 ' s wheelchair and the brakes on R23 ' s wheelchair were soiled with a dried brown substance. 3. The metal bars located under the seat of R11 ' s wheelchair and the brakes on R11 ' s wheelchair were covered with numerous, white particles. 4. The metal bars located under the seat of R24 ' s wheelchair and the brakes on R24 ' s wheelchair were soiled with numerous, white particles.	F 465		

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F 465	Continued From page 9 5. The metal bars located under the seat of R25 ' s wheelchair and the brakes on R25 ' s wheelchair were soiled with numerous, white particles. 6. The spokes of the wheels on R26 ' s wheelchair was soiled with a dried brown substance. On 9/17/15 at 11:50am, E1 (Administrator) was interviewed. E1 said the wheelchairs are to be washed on the night shift. E1 said there is a list that specifies what wheelchairs to clean and it has not been followed.	F 465		