

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

PRINTED: 01/13/2015
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145160 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 01/08/2015 |
| NAME OF PROVIDER OR SUPPLIER CAPITOL HEALTHCARE AND REHAB CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702 | | |
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| F 000 | INITIAL COMMENTS | F 000 | | | |
| | Complaint #1445900/IL74042: F241 | | | | |
| F 225 SS=D | Complaint #145908/IL74052: F225 and F226 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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. 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). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. 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 | F 225 | | | |

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 225 | <p>Continued From page 1</p> <p>certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to conduct a thorough investigation for an allegation of abuse for 1 of 6 residents (R2) reviewed for abuse in the sample of 8.</p> <p>Finding include:</p> <p>1. R2's Nurse's notes dated 12/26/14 at 11:30 AM documents that R2 had bruising to both arms.</p> <p>R2's Hospital History-Physical dated 1/1/15 documents that R2 had bruising to bilateral forearms and hands. The report documents during interview with R2, he stated that eight staff members at the facility are not treating him well. R2 stated that staff were causing the bruises on his hands.</p> <p>The Facility Investigation Report dated 12/26/14 documents that R2 had bruises to both arms, with measurement of right forearm 12.5 X 12.0 cm (centimeters) The measurement of the left forearm 12.0 x 9.0 cm. A typed statement by E6, Assistant Administrator, dated 12/26/14 at 11:45 AM, documents that R2 reported to E6 that the bruises on both of his forearms were put there by staff. Typed statement dated 12/26/14 at 11:45 AM by E3, Assistant Director of Nursing (ADON), documents that R2 stated he was not telling what staff member caused the bruising, because they all work together.</p> | F 225 | | | |

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| F 225 | Continued From page 2 On 1/8/2015 at 9:30 AM E4 , Registered Nurse (RN) was interviewed. E4 stated the R2's wife used to come every day and do everything for him ,and since she could not longer do that , he had become more anxious. E4 stated that R2 had reported to her on 12/26/14 that his arms were bruised from trying to pull himself around by using the handrails. E4 stated that he later told someone that he had been beat and that he said he was not leaving the lobby until the police were called. E4 stated that she could not remember who R2 reported this to. On 1/8/15 at 12:05 PM E1, Administrator was interviewed. E1 stated that she was the abuse coordinator for the facility. E1 stated that during an allegation of abuse investigation and injuries of unknown origin, she would interview any witnesses to the incident. E1 stated that other residents and direct care staff should be interviewed when there are no witnesses. There is nothing in the investigation report that shows other residents or direct care staff were interviewed. | F 225 | | | |
| F 226 SS=D | 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 | F 226 | | | |

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| F 226 | Continued From page 3 failed to operationalize its Abuse Policy by conducting a thorough investigation regarding an allegation of abuse for 1 of 6 residents (R2) reviewed for abuse in the sample of 8. Findings include: 1. The facility's Accident/Incident investigation (Root Cause Analysis) Guidelines of 10/2014 documents that information to be included in the investigation would include the names of witnesses and their accounts of the and incident. 2. The facility's Investigation/State Report dated 12/26/14 documented that R2 had bruises on arm, measuring 12.5 centimeters (cm) x 12.0 cm on the right forearm and 12.0 cm x 9.0 cm on the left forearm. The facility investigation report had no documentation of witness statements from direct care staff or residents. E1, Administrator stated in interview on 1/8/15 at 12:05 PM , that during an abuse investigation involving physical abuse and injuries of unknown origin she would get statements from direct care staff providing care to the resident, and other residents. E1 stated she is the abuse coordinator. | F 226 | | | |
| F 241 SS=D | 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: | F 241 | | | |

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| F 241 | <p>Continued From page 4</p> <p>Based on record review and interview, the facility failed promote residents' dignity by ensuring call lights were answered timely for 3 of 6 residents (R1, R6 and R8) reviewed for call light use in the sample of 8.</p> <p>Findings include:</p> <p>1. R1's Minimum Data Set (MDS) of 10/23/14 documents R1 as having no cognitive impairment and no behaviors.</p> <p>On 1/8/15 at 10:00 AM, R1 stated staff do not answer call lights timely and he has waited an hour at times before staff answered the call light. R1 stated on this past Sunday morning at around 8:30 AM, he was transferring himself from the toilet to his wheel chair and his foot slipped and he was only partially on the wheel chair and falling. R1 stated his call light was on and the door to his room was open. R1 stated several staff passed by but did not answer his call light or his yelling for help. R1 stated one Certified Nurse Aide (CNA), who he didn't know her name, went by his room 4 times. R1 stated his roommate, R8, came over in his wheel chair and pushed it up against the back of R1's wheel chair so R1 would not fall. R1 stated finally another CNA came into the room and helped him. R1 stated she was new and he didn't know her name.</p> <p>On 1/8/15 at 11:25 AM, R8 confirmed the above statement by R1 and stated if did what he could do to help. R8 stated if he wasn't there, "R1 would have crashed." R8 stated he does not use his call light often but when he does, staff do not appear to be in any hurry to answer it.</p> <p>On 1/8/15 at 12:20 PM, E1 (Administrator) stated</p> | F 241 | | | |

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| F 241 | <p>Continued From page 5</p> <p>there had been a grievance report filled out concerning the incident and was being investigated by E2, Director of Nursing.</p> <p>Resident/Family Grievance and Concern Form of 1/6/15 documents under response, "inservicing staff on answering call lights even if not your group."</p> <p>2. R6's MDS of 12/10/14 documents R6 does not have any cognitive impairment or behaviors.</p> <p>R6 stated on 1/6/15 at 11:00 AM, staff try to answer call light mostly. R6 stated she had diarrhea a week ago and had a male CNA who was not answering her call light timely. R6 stated eventually someone else came and cleaned her up.</p> <p>3. Resident/Food Council Meeting notes of 11/18/14 document, "Call lights are not being answered in a timely manner...LPN's (Licensed Practical Nurses) are not answering call lights, they walk past them. Not getting bathroom call light answered in a timely manner."</p> <p>Resident/Food Council Meeting notes of 12/16/14 document under New Business, "Bathroom call lights are not being answered in a timely manner."</p> | F 241 | | | |